

PM FORM 5.5.1
(Link to Spanish Version)
NOTICE OF DECISION AND RIGHT TO APPEAL
(FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS)

TO: [APPLICANT/CLIENT'S NAME/ADDRESS]
[REPRESENTATIVE NAME/ADDRESS]

FROM: (Name of agency)
(Address)
CONTACT PERSON/NUMBER

OUR DECISION:

This decision concerns:

- | | |
|--|--|
| <input type="checkbox"/> your eligibility for SMI services | <input type="checkbox"/> your outpatient or inpatient service plan |
| <input type="checkbox"/> fees | <input type="checkbox"/> a change in your services |
| <input type="checkbox"/> your clinical assessment | <input type="checkbox"/> other |

Our decision is: _____

The effective date of this decision is: _____

The reason for our decision is: _____

DATE OF DECISION: _____ (AN APPEAL MUST BE FILED WITHIN 60 DAYS OF THIS DATE)

YOUR RIGHT TO APPEAL:

How to Appeal

Within 60 days of this decision, you may appeal orally by calling [local number] or [toll free number], or in writing by completing the form found on the reverse side of this document and sending it to [address]. Your appeal will begin at the RBHA or ADHS/DBHS for TRBHA-related issues. If your appeal is not resolved by the RBHA, you have a right to request an administrative hearing pursuant to A.R.S. §36-111-112, A.R.S. §41-1061 et seq of the Administrative Procedure Act.

Continued Benefits

If this decision concerns services you are currently receiving and if you appeal, your services will continue throughout the appeal process, unless a qualified clinician determines that the change is required to avoid a serious or immediate threat to your health or safety, or that of another person.

HOW TO GET HELP WITH YOUR APPEAL:

Any adult client or client's legal guardian may represent himself, use a designated representative or legal counsel. To get help with this appeal you may contact [insert local advocacy or legal aid organizations] or the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. You may also refer to your member handbook for more information about the appeals process.

Name and Signature of Individual Completing this Form

For translation or alternative format requests, call [insert 1-800 and local number]
Para recibir esta forma en español, llame a: [insert 1-800 and local number]